

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10693420

FILING DATE

10-27-03

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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28	I					
29		II				
30		II				
31	I	II				
32	I					
33		II				
34		II				
35		II				
36	II					
37	I					
38	II					
39	II					
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41						
42						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
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100												
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TOTAL DEP.												
TOTAL CLAIMS												